

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 1 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

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Block 5: Discount Funding Request(s)

Block 5, page 2 of 33

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Block 5: Discount Funding Request(s)

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Block 5, page 3 of 33

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12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000
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14 Service Provider Name <div style="text-align: right;">Ameritech</div>	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:
 You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Dane County Office - 132971
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
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121	0	121	12	1452	0	0	0	1452	44%	639

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A
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Block 5: Discount Funding Request(s)

Block 5, page 4 of 33

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		16 Billing Account Number (e.g., billed telephone number)	608 756-3147 420 2
12 Form 470 Application Number (15 digits) 578450000323389		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000	
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226	0	226	12	2712	0	0	0	2712	44%	1193

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Block 5, page 6 of 33

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48	0	48	12	576	0	0	0	576	44%	253

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Block 5, page 7 of 33

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23 Calculations <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td>91</td> <td>0</td> <td>91</td> <td>12</td> <td>1092</td> <td>0</td> <td>0</td> <td>0</td> <td>1092</td> <td>44%</td> <td>480</td> </tr> </tbody> </table>											Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	91	0	91	12	1092	0	0	0	1092	44%	480
Recurring Charges					Non-Recurring Charges			Total Charges																																														
A	B	C	D	E	F	G	H	I	J	K																																												
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																												
91	0	91	12	1092	0	0	0	1092	44%	480																																												

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 8 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 608 741-6687 297 5									
12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000									
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143001856</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002									
14 Service Provider Name <div style="text-align: right;">Ameritech</div>	20 Contract Expiration Date (mm/dd/yyyy)									
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>Phone Service - #1</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Janesville Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
203	0	203	12	2436	0	0	0	2436	44%	1072

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 9 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 053 172 6237 001
12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143001192</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name <div style="text-align: right;">A T & T</div>	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Dane County Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
180	0	180	12	2160	0	0	0	2160	44%	950

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 10 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 053 208 7817 001
12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143001192</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name <div style="text-align: right;">A T & T</div>	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Milton Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
106	0	106	12	1272	0	0	0	1272	44%	560

Entity Number	132971	Applicant's Form Identifier	CESA2 2002 1A
Contact Person	Candace Vanderlip	Phone Number	(608) 758-6232

Block 5: Discount Funding Request(s)

Block 5, page 11 of 33

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)		Phone rates (bills) = T						
		16 Billing Account Number (e.g., billed telephone number)		157 868 0005						
12 Form 470 Application Number (15 digits) 578450000323389		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		12/06/2000						
13 SPIN - Service Provider Identification Number (9 digits) 143001819		18 Contract Award Date (mm/dd/yyyy)								
		19a Service Start Date (mm/dd/yyyy)		07/01/2001						
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)		06/30/2002						
14 Service Provider Name Centurytel		20 Contract Expiration Date (mm/dd/yyyy)								
21 Description of This Service:		You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>Phone Service - #1</u>								
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Milton Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____								
23 Calculations										
Recurring Charges					Non-Recurring Charges		Total Charges			
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
231	0	231	12	2772	0	0	0	2772	44%	1220

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

Block 5: Discount Funding Request(s)

Block 5, page 12 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T
12 Form 470 Application Number (15 digits) 578450000323389	16 Billing Account Number (e.g., billed telephone number) 608 868 4717
13 SPIN - Service Provider Identification Number (9 digits) 143001819	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000
	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) 07/01/2001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name Centurytel	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Milton Office - 132971
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
218	0	218	12	2616	0	0	0	2616	44%	1151

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 13 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 262 593 5979
12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143001819</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 08/30/2002
14 Service Provider Name <div style="text-align: right;">Centurytel</div>	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Head Start Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
81	0	81	12	972	0	0	0	972	44%	428

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 14 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ **(to be assigned by administrator)**

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 3681861									
12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/6/2000									
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143000074</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002									
14 Service Provider Name <div style="text-align: right;">Mc Leod USA</div>	20 Contract Expiration Date (mm/dd/yyyy)									
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>Phone Service - #1</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>Janesville Office</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
157	0	157	12	1884	0	0	0	1884	44%	829

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>	Phone Number <u>(608) 758-6232</u>
Contact Person <u>Candace Vanderlip</u>		

Block 5: Discount Funding Request(s)

Block 5, page 15 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 16483
12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143001117</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name <div style="text-align: right;">Powercom</div>	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Milton Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
100	0	100	12	1200	0	0	0	1200	44%	528

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 16 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 16485
12 Form 470 Application Number (15 digits) 578450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000
13 SPIN - Service Provider Identification Number (9 digits) 143001117	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name Powercom	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Head Start Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
37	0	37	12	444	0	0	0	444	44%	195

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>	
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>	

Block 5: Discount Funding Request(s)

Block 5, page 17 of 33

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 16486
12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143001117</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name <div style="text-align: right;">Powercom</div>	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: Head Start Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
41	0	41	12	492	0	0	0	492	44%	216

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 18 of 33

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ **(to be assigned by administrator)**

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 16487
12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143001117</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name Powercom	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Head Start Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
37	0	37	12	444	0	0	0	444	44%	195

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 19 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 16488
12 Form 470 Application Number (15 digits) 578450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000
13 SPIN - Service Provider Identification Number (9 digits) 143001117	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name Powercom	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Head Start Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
122	0	122	12	1464	0	0	0	1464	44%	644

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 20 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 16489
12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143001117</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name Powercom	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Salem Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
138	0	138	12	1656	0	0	0	1656	44%	729

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

Block 5: Discount Funding Request(s)

Block 5, page 21 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 16490																																												
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23 Calculations <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td>51</td> <td>0</td> <td>51</td> <td>12</td> <td>612</td> <td>0</td> <td>0</td> <td>0</td> <td>612</td> <td>44%</td> <td>269</td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	51	0	51	12	612	0	0	0	612	44%	269
Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
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51	0	51	12	612	0	0	0	612	44%	269																																			

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

Block 5: Discount Funding Request(s)

Block 5, page 22 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	Phone rates (bills) = T
		16 Billing Account Number (e.g., billed telephone number)	16491
12 Form 470 Application Number (15 digits) 578450000323389		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000	
13 SPIN - Service Provider Identification Number (9 digits) 143001117		18 Contract Award Date (mm/dd/yyyy)	
		19a Service Start Date (mm/dd/yyyy) 07/01/2001	
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002	
14 Service Provider Name Powercom		20 Contract Expiration Date (mm/dd/yyyy)	

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: Dane County Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
17	0	17	12	204	0	0	0	204	44%	90

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 23 of 33

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

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Recurring Charges					Non-Recurring Charges			Total Charges																																														
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16	0	16	12	192	0	0	0	192	44%	84																																												

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

Block 5: Discount Funding Request(s)

Block 5, page 24 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	Phone rates (bills) = T
		16 Billing Account Number (e.g., billed telephone number)	360004725
12 Form 470 Application Number (15 digits) 578450000323389		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000	
13 SPIN - Service Provider Identification Number (9 digits) 143001044		18 Contract Award Date (mm/dd/yyyy)	
		19a Service Start Date (mm/dd/yyyy) 07/01/2001	
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002	
14 Service Provider Name US Cellular		20 Contract Expiration Date (mm/dd/yyyy)	

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: Milton Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
900	0	900	12	10,800	0	0	0	10,800	44%	4752

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 25 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 166708279500280900
12 Form 470 Application Number (15 digits) 578450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/6/2000
13 SPIN - Service Provider Identification Number (9 digits) 143004791	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name Verizon North Incorporated	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Salem Office

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
192	0	192	12	2304	0	0	0	2304	44%	1014

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 26 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 166840270217696800									
12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/6/2000									
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143004791</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002									
14 Service Provider Name Verizon North Incorporated	20 Contract Expiration Date (mm/dd/yyyy)									
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>Phone Service - #1</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Head Start Office</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
99	0	99	12	1188	0	0	0	1188	44%	523

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 27 of 33

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 166820271422166104																																												
12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/6/2000																																												
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143004791</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002																																												
14 Service Provider Name Verizon North Incorporated	20 Contract Expiration Date (mm/dd/yyyy)																																												
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23 Calculations <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td>178</td> <td>0</td> <td>178</td> <td>12</td> <td>2136</td> <td>0</td> <td>0</td> <td>0</td> <td>2136</td> <td>44%</td> <td>940</td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	178	0	178	12	2136	0	0	0	2136	44%	940
Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																			
178	0	178	12	2136	0	0	0	2136	44%	940																																			

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

Block 5: Discount Funding Request(s)

Block 5, page 28 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	Phone rates (bills) = T
		16 Billing Account Number (e.g., billed telephone number)	166820279514098508
12 Form 470 Application Number (15 digits) 578450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		12/6/2000
13 SPIN - Service Provider Identification Number (9 digits) 143004791		18 Contract Award Date (mm/dd/yyyy)	
		19a Service Start Date (mm/dd/yyyy)	
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	
14 Service Provider Name Verizon North Incorporated		20 Contract Expiration Date (mm/dd/yyyy)	

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: Salem Office

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations					Recurring Charges			Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)			
125	0	125	12	1500	0	0	0	1500	44%	660			

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 29 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 166775273924112703
12 Form 470 Application Number (15 digits) 578450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/6/2000
13 SPIN - Service Provider Identification Number (9 digits) 143004791	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name Verizon North Incorporated	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # Phone Service - #1

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Dane County Office

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
128	0	128	12	1536	0	0	0	1536	44%	676

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 30 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ **(to be assigned by administrator)**

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 0002813890																																											
12 Form 470 Application Number (15 digits) 578450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000																																											
13 SPIN - Service Provider Identification Number (9 digits) 143003952	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002																																											
14 Service Provider Name Chorus Communications Group LTD	20 Contract Expiration Date (mm/dd/yyyy)																																											
21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>Internet Service - #1</u>																																											
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Dane County Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																											
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Recurring Charges				Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																		
15	0	15	12	180	0	0	0	180	44%	79																																		

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

Block 5: Discount Funding Request(s)

Block 5, page 31 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Phone rates (bills) = T 16 Billing Account Number (e.g., billed telephone number) 0003206467									
12 Form 470 Application Number (15 digits) <div style="text-align: right;">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000									
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143003952</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002									
14 Service Provider Name Chorus Communications Group LTD	20 Contract Expiration Date (mm/dd/yyyy)									
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>Internet Service - #1</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>Dane County Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
13	0	13	12	156	0	0	0	156	44%	69

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 32 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) CESA02-0102-g 16 Billing Account Number (e.g., billed telephone number) CESA021
12 Form 470 Application Number (15 digits) 578450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000
13 SPIN - Service Provider Identification Number (9 digits) 143004351	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name WiscNet	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # WM-1-g CESA 2 - WiscNet

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Milton Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
543.17	0	543.17	12	6,518	0	0	0	6,518	44%	2868

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

Block 5: Discount Funding Request(s)

Block 5, page 33 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) Westosha Special Ed-0101-g									
	16 Billing Account Number (e.g., billed telephone number) WestoshaSp1									
12 Form 470 Application Number (15 digits) <div style="text-align:right">578450000323389</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000									
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align:right">143004351</div>	18 Contract Award Date (mm/dd/yyyy)									
	19a Service Start Date (mm/dd/yyyy) 07/01/2001									
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002									
14 Service Provider Name <div style="text-align:right">WiscNet</div>	20 Contract Expiration Date (mm/dd/yyyy)									
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>WM-1-g WestoshaSpecialEd - WiscNet</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Salem Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
406.25	0	406.25	12	4,875	0	0	0	4,875	44%	2145